

**FORM DEQ 50-12**  
**WASTE MOTOR OIL BURNING EQUIPMENT CERTIFICATION**  
**(SEE STANDARDS FOR ELIGIBILITY)**

Name(s) as shown on Virginia Tax return:
Account number:
Street:
City, State, and Zip Code:

**EQUIPMENT INFORMATION**

Name of facility where equipment will be used (include all):
Street:
City, State, and ZIP Code:
Provide description of equipment, year paid for equipment (attach proof of purchase, drawings, etc., as appropriate).
I certify that the above information is true, correct and complete, and that the above facility accepts waste motor oil from the public, and the identified equipment is to be used exclusively for burning waste motor oil as defined in Section 58.1-439.10
<div style="display: flex; justify-content: space-between;"><div style="width: 35%; border-top: 1px solid black; margin-top: 5px;">Signature of taxpayer /Title</div><div style="width: 35%; border-top: 1px solid black; margin-top: 5px;">(Please print or type name of taxpayer signing)</div><div style="width: 25%; border-top: 1px solid black; margin-top: 5px;">Date</div></div>

**Agency Use Only**

The Department of Environmental Quality's certification of waste oil burning equipment, based on the information provided by the applicant, is contained on the attached Equipment List referencing Application Number _____.
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